MENTALLY ILL OFFENDER CRIME REDUCTION GRANT (MIOCRG) PROGRAM

Program Evaluation Survey

This survey will become part of your county's MIOCRG contract with the Board of Corrections.

1. Key Research Contacts:

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2. Program Name:

Grant recipients have found it useful to pick a name that helps them to create a Program identity. Two examples are the IMPACT (Immediate Mental Health Processing, Assessment, Coordination and Treatment) project and the Connections Program. Indicate the name you will use to refer to your program.

PROJECT NOVA

3. Research Design:

a. Check (\checkmark) the statement below that best describes your research design. If you find that you need to check more than one statement (e.g., true experimental <u>and</u> quasi-experimental), you are using more than one research design and <u>you will need to complete a separate copy of the survey for each design</u>. Also, check the statements that describe the comparisons you will make as part of your research design.

R	esearch Design (Check One)
X	True experimental with random assignment to enhanced treatment and treatment-as-usual groups
	Quasi-experimental with matched contemporaneous enhanced treatment and treatment-as-usual groups
	Quasi-experimental with matched historical group
	Quasi-experimental interrupted time series design
	Quasi-experimental regression-discontinuity design
	Quasi-experimental cohort design
	Other (Specify)
C	omparisons (Check all that apply)
	Post-Program, single comparison between enhanced treatment and treatment-as-usual groups
	Post-Program, repeated comparisons (e.g., 6 and 12 months after program separation) between and within enhanced
	treatment and treatment-as-usual groups
	Pre-Post assessment with single post-program comparison between enhanced treatment and treatment-as-usual groups
X	Pre-Post assessment with repeated post-program comparisons (e.g., 6 and 12 months after program separation) between
	and within enhanced treatment and treatment-as-usual groups
	Pre-Post assessment with repeated pre and post program comparisons between and within enhanced treatment and
	treatment-as-usual groups
	Other (Specify)

b. If you are using a historical comparison group, describe how you will control for period and cohort effects.

N/A

4. Target Population:

Please identify the population to which you plan to generalize the results of your research. Describe the criteria individuals must meet to participate in the enhanced treatment and treatment-as-usual groups (e.g., diagnosis, criminal history, residency, etc.). Also, please describe any standardized instruments or procedures that will be used to determine eligibility for program participation and the eligibility criteria associated with each instrument.

The program will target mentally ill offenders who are residents of Yolo County. To participate in the program, the following criteria must be met prior to enrollment in Project NOVA:

- (1) Must be an adult, 18 years or older.
- (2) Must be a resident of Yolo County.
- (3) Must have a primary major mental illness diagnosis that is included in the diagnoses for specialty mental health services by the California Department of Mental Health, Managed Care Program.
- (4) Obtain GAF score of 50 or less.
- (5) Must meet the legal eligibility criteria defined extensively in the Local Action Plan. Persons convicted of a misdemeanor or a felony are eligible for inclusion in the program ONLY if they are eligible for probation by reason of their current conviction.

Exclusion Criteria:

- (1) Legal Exclusions: A defendant is ineligible to participate in out-of-custody pre-conviction services offered by Project NOVA if any of the following apply: (a) the defendant is charged in court with a crime listed in Sections 667.5 or 1192.7 (b) if the matters charged in court against the defendant make him or her ineligible for probation; (c) a defendant whose criminal record makes him or her ineligible for probation and (d) defendant is charged with misdemeanor child annoyance or molest under 647.6(a) PC.
- (2) Other exclusion criteria relate to mental health conditions. Persons who are diagnosed with any of the following conditions are excluded from the program: (a) mental retardation or developmental disability; (b) a history or diagnosis of any of the following Axis I diagnostic categories (i) pervasive developmental disorders, (ii) attention deficit disorder, (iii) feeding & eating disorders, (iv) elimination disorders, (v) other (non-specific) disorders of infancy, childhood, or adolescence, (vi) paraphilias, (vii) personality disorders, and (viii) medication induced movement disorders.

4. Enhanced Treatment Group:

a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the enhanced treatment group will be chosen. For example, this process might include referrals by a judge or district attorney, or selection based on the administration of a mental health assessment instrument.

Referrals to the program will be accepted from Mental Health staff, Drug Court Program staff, Probation Officers, judges, attorneys, Public Defender office, District Attorney, law enforcement officers, community agencies, and family members of persons currently in jail. All eligibility screening and initial intake assessments shall occur at the Booking Area of the Yolo County jail.

A brief standardized mental health assessment instrument will be employed by the booking officer as part of an overall booking process on all arrestees coming into the County jail. Individuals whose initial screening indicate a mental health illness, or who previously had received treatment for a mental health condition in the County jail, or observed by the booking officer to have a mental health condition, shall form the first pool of eligible population. Upon notification, the R-Team (Response Team) locates all eligible individuals including those that were cited and released, to conduct a full mental health assessment.

b. Indicate exactly how the enhanced treatment group will be formed. For example, it may result from randomized selection from the pool described in 5a above. Or, if the group size is small, a matching process may be required to achieve equivalence between the enhanced treatment and treatment-as-usual groups. In the case of a quasi-experimental design, the group may be a naturally occurring group. Please describe the origins of this group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring enhanced treatment groups.

Based on the outcome of the assessments (5a), persons deemed eligible are randomized into Intervention and Comparison groups. Although the legal eligibility is yet to be determined, it is anticipated that a negligible proportion of individuals in both the intervention and comparison groups may become ineligible as a result of further review by the District Attorney of the nature of offense for which they are being charged. At this stage, neither the District Attorney nor Public defender will be aware of the group allocation of participants until after all legal eligibility issues are fully determined. It is therefore anticipated that the impact of dropping a participant post-randomization is expected to affect both the intervention and comparison group equally, without bias.

Following arraignment and pretrial conference, persons who meet the full legal eligibility conditions continue in the group that they were earlier randomized into. However, those who fail to meet legal eligibility at this point are ineligible to participate, and are therefore entered into the standard judicial process. Eligible members of the intervention group are referred to the specialized mental health court while those in the comparison group go through the regular court process.

6. Treatment-as-Usual (Comparison) Group:

a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the treatment-as-usual group will be chosen.

As with the Enhanced treatment group, persons in the treatment-as-usual group may be referred to the program from Mental Health staff, Drug Court Program staff, Probation Officers, judges, attorneys, Public Defender office, District Attorney, law enforcement officers, community agencies, and family members of persons currently in jail. All eligibility screening and initial intake assessments shall occur at the Booking Area of the Yolo County jail. A brief standardized mental health assessment instrument will be employed by the booking officer as part of an overall booking process on all arrestees coming into the County jail. Individuals whose initial screening indicate a mental health illness, or who previously had received treatment for a mental health condition in the County jail, or observed by the booking officer to have a mental health condition, shall form the first pool of eligible population. Upon notification, the R- Team (Response Team) locates all eligible individuals including those that were cited and released, to conduct a full mental health assessment.

b. Indicate exactly how the treatment-as-usual group will be formed. For example, if a true experiment is planned, the treatment-as-usual group may result from randomized selection from the subject pool described in 5a above. Or, if the group size is small, a matching process may be required in an attempt to achieve treatment-control group equivalence. If a quasi-experimental design is planned, the group may be a naturally occurring group. Please describe the treatment-as-usual group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring comparison groups.

This will occur in the same manner as the process referenced in 5b for the enhanced treatment group.

7. Historical Comparison Group Designs (only):

If you are using a historical group design in which an historical group is compared to a contemporary group, please describe how you plan to achieve comparability between the two groups.

N/A

8. Sample Size:

Geographic Area

Other:

This refers to the number of individuals who will constitute the enhanced treatment and treatment-as-usual samples. Of course, in any applied research program, subjects drop out for various reasons (e.g., moving out of the county, failure to complete the program). In addition, there may be offenders who participate in the program yet not be part of the research sample (e.g., they may not meet one or more of the criteria for participation in the research or they may enter into the program too late for you to conduct the follow-up research you may be including as part of the evaluation component). Using the table below, indicate the number of individuals that you anticipate will complete the enhanced treatment or treatment-as-usual interventions. This also will be the number of individuals that you will be including in your statistical hypothesis testing to evaluate the program outcomes. Provide a breakdown of the sample sizes for each of the three program years, as well as the total program. Under Unit of Analysis, check the box that best describes the unit of analysis you will be using in your design.

Sample Sizes (Write the expected number in each group)			
Program Year	Treatment Group	Comparison Group	
First Year	25	25	
Second Year	40	40	
Third Year	35	35	
Total	100	100	
Unit of Analysis (Check one)			
X Individual O	ffender		

9. Enhanced Treatment Group Interventions:

Describe the interventions that will be administered to the enhanced treatment group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

Participants who are in the enhanced treatment group shall receive a need-based Assertive Community Treatment. The Assertive Case Managers (ACM) will assess participants' needs on an individual basis. Services provided to participants in the enhances treatment group shall include:

- (1) Assertive case management with a limited client caseload (approximately 1:15).
- (2) A special court and a dedicated calendar.
- (3) Individualized and group therapy
- (4) Intensive mental health treatment
- (5) Medication management
- (6) Alcohol and drug treatment
- (7) Drug testing
- (8) Vocational and socialization education
- (9) Crisis intervention
- (10) Transitional and longer term housing.

It is anticipated that service delivery will occur at different service points in the County depending on the nature of the participant's needs. Services will be accessed in the County jail, Project NOVA Office site, Yolo County department of Alcohol and Drugs and Mental Health, and community organizations. The ACM will coordinate and monitor a referral system for each participant including a follow-up documentation and an assessment of the outcome of each referral. Using data collection instruments designed by the evaluation team, the ACM will document services received by participants. Working with the ACM and the collaborating agencies, the evaluation team will request, obtain, store and analyze agency-based service utilization data pertaining to each of the enrolled participant.

9. Treatment-as-Usual Group Interventions:

Describe the interventions that will be administered to the treatment-as-usual group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

The Comparison group will receive interventions currently available to clients who qualify for mental health services in Yolo County. These include:

- (1) Case management and dual diagnosis program with a client caseload of approximately 1 to 30.
- (2) Outpatient services for short-term therapy for those with acute disorders and longer-term services
- (3) Intensive Day Treatment for daily treatment as an alternative to hospitalization.
- (4) Medication management clinics for medication and medication education.
- (5) Seven-day residential social model drug detoxification program.
- (6) Housing Assistance (Project for Assistance in Transition from Homelessness).
- (7) Acute care hospitalization and access to a 24-hour crisis response team.
- (8) Drug court treatment program for those convicted of "drug crimes" and eligible for diversion.

With the assistance of a Case Worker, participants in the treatment-as-usual group shall receive services directly from the County agency. As with participants in the enhanced treatment group, services may be accessed in the County jail, Yolo County department of Alcohol and Drugs and Mental Health, and community organizations. The evaluation team will coordinate with the Case Worker to use data collection instruments to document service utilization pertaining to each of the enrolled participant and administer all applicable survey instruments.

9. Treatments and Outcomes (Effects):

Please identify and describe the outcomes (treatment effects) you hypothesize in your research. Indicate in the table below your hypothesized treatment effects (i.e., your dependent variables), their operationalization,

and their measurement. Also indicate the treatment effect's hypothesized cause (i.e., treatments/independent variables) and the hypothesized direction of the relationship between independent and dependent variables.

Independent	Dependent Variables	Operationalization of	Method of Measuring	Hypothesized
Variables	(hypothesized	Dependent Variables	Dependent Variable	Relationship
(treatment)	outcomes)			Between Ind & Dep
				Variables (+ or -)
Assertive Case	Successful	Fewer or no missed	Documentation of	Positive
Management	Completion of	appointments	appointments kept	
	intervention			
Assertive Case	Positive change in	Reduction in	Arrests records	Positive
Management	criminal behavior	number of re-		
3.5.70	g. 11	arrests and jail days		7
Medication	Stable mental	Absence of acute	Number of involuntary	Positive
management	health condition	mental illness	hospitalizations	
D	T	symptoms.	DACIC OO	D'4'
Psychotherapy	Improve	Improve sense of	BASIS-32	Positive
(group and individual)	psychosocial	well-being		
Coordinated	functioning	Do intogration into	Labran's Ovality of	Positive
	Improvement in the quality of life	Re-integration into the community	Lehman's Quality of Life Scale	Positive
release planning Substance abuse	Reduce use of	Ability to remain	Addiction Severity	Negative
treatment	alcohol and other	sober	Index (ASI)	Negauve
ueaunent	illicit substances	Sonei	muex (ASI)	
Vocational and	Improvement in	Secure and retain a	Lehman's Quality of	Positive
Socialization	the quality of life	job for at least 3	Life Scale	1 OSILIVE
education	the quanty of the	months	Life Scale	
Cuucauon		monus		

12. Statistical Analyses:

Based on the table in #11 above, formulate your hypotheses and determine the statistical test(s) you will use to test each hypothesis. Enter these into the following table.

Statements of Hypotheses	Statistical Test(s)
1. Significantly higher program completion rate	Chi-square test
2. Significantly reduce the number of detention bed-days	T-test; Repeated Measures Analysis of Variance
3. Significantly reduce the number of inpatient bed-days	T-test; Repeated Measures Analysis of Variance
4. Significantly reduce criminal justice costs	Multiple regression model
5. Significantly increase the mean time interval between successful completion of the program and re-offense	Survival Analysis using Cox Proportional Hazard method
6. Show significant improvement in community functioning, quality of life, and reduction in addictive behavior	Repeated Measures Analysis of Variance

13. Cost/Benefit Analysis:

Please indicate whether you will be conducting a Program cost/benefit analysis of the program (optional).

Cost/Benefit Analysis			
X	Yes		No

If you will conduct a cost/benefit analysis, describe what it will focus on and how it will be performed.

A cost-benefit analysis of Project NOVA will be conducted. Our data collection protocol will obtain direct costs, overhead, indirect costs, and opportunity costs. Our cost analyses will be conducted on outcomes and inputs that can be monetized such as differences in jail days, law enforcement costs, emergency treatment costs, arrests costs, treatment costs, etc. Criminal Justice costs will be expressed as the average cost per arrest or average cost per jail day. Mental Health costs will derive from services provided to participants in the county mental health system and averaged by subject. Drug treatment costs (DT) will derive from services provided by the County drug treatment system and averaged by subject. The jail psychiatric costs will be derived from their contract. Costs and benefits data collection protocol will be designed and implemented by the evaluation team.

14. Process Evaluation:

How will the process evaluation be performed? That is, how will you determine that the program has been implemented as planned and expressed in your proposal? Please include a description of how will you will record and document deviations of implementation from the original proposal. Also, please identify who will conduct this evaluation and who will document the results of the evaluation.

The evaluation team of Consolidated Sciences will perform and document our process evaluation and indeed the other aspects of the evaluation referenced in this survey. The process evaluation shall seek to obtain information on (1) Implementation process of every major facet of Project NOVA. (2) Who was served, when, and how was service provided; (3) Time to first contact for discharge planning; (4) Completion/retention rate in the program; (5) The extent of the referral and linkages to community service agencies; (6) Number of contacts in the duration of the program; and (7) Number of participants in compliance with medication regimen. Since Project NOVA proposal is clear on what the County intends to achieve in some of these factors, the proposal will form the reference point of comparison between what was proposed and what happened.

15. Program Completion:

What criteria will be used to determine when research participants have received the full measure of their treatment? For instance, will the program run for a specified amount of time irrespective of the participants' improvement or lack thereof? If so, how long? Alternatively, will completion be determined when participants have achieved a particular outcome? If so, what will that outcome be and how will it be measured (e.g., decreased risk as measured by a "level of functioning" instrument)?

Participation in the program shall last 12 months from the time a participant first obtained service from the multidisciplinary team. Please note that this may differ from the first time they were assessed for inclusion in the program. Completion of the program shall occur after the participant's 12th month on the program.

16. Participant Losses:

For what reasons might participants be terminated from the program and be deemed to have failed to complete the program? Will you continue to track the outcome measures (i.e., dependent variables) of those who leave, drop out, fail, or are terminated from the program? For how long will you track these outcome measures?

Termination from either the enhanced treatment or treatment-as-usual group shall occur when the participant (a) violates the terms of his or her probation, (b) is rearrested for a new offense that may violate the terms of current probation, or that the new offense is serious enough to make him or her ineligible for probation, (c) prolonged (more than 60 days) period of incarceration, and (d) is declared lost to follow-up 60 days after a missed appointment and subsequent efforts to re-connect with the participant proved unfruitful.